



AMG Analytical Services

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Customer Details:

Company Name	
Contact Name	
Telephone Number	
Fax Number	
E-mail Address	
Purchase Order	

Address Details:

Company Address	
Invoice Address (if different from above)	

Turnaround Required:
(Please tick appropriate box)

- Standard 7-10 working days
 5 working days (20% extra)
 3 working days (40% extra)
 Express 24 hrs (65% extra)
 Other (please specify)

Sample Details:

Sample Ref.	Material type	LOD / LOI / Oil & Moisture*	XRF / ICP for major elements*	LECO Gases (C, S, N, O)*	Trace elements (ICP / AAS)*	Other analysis / information*

* Please give any specific instructions (e.g. analysis on ignited basis) and also list any elements of interest to make sure these are included in your analysis. Please mention if any samples are a priority for analysis and use separate sheets if different turnaround times are required. If you have a material specification or have received a quotation from AMG Analytical Services please include details or preferably a copy along with this form.

Any known hazards? Please include MSDS if appropriate / available.	
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Signature		Date submitted	
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